

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS): Since 1990, Vermont and 49 other states and three territories have tracked risk behaviors using a telephone survey of adults (age 18+) called the Behavioral Risk Factor Survey. These data are self-reported and therefore may differ from information obtained from records of health-care providers. The sample is also limited to adults with telephones. Because there is variation in the content of the questionnaire between states, U.S. estimates, in some cases, may represent a subset of all states. *Suggested Citation: Behavioral Risk Factor Surveillance System Survey Data.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.
<http://www.cdc.gov/brfss/index.htm>

Adult Tobacco Survey (ATS): The Adult Tobacco Survey (ATS) is a list-assisted, random digit dialed telephone sample survey of 2,000 non-institutionalized Vermont adults (age 18 or older); both the smoker and 18-24 year old populations are over-sampled. The Vermont Department of Health has conducted the ATS annually since 2001, with the questionnaire revised and updated each year as well.

Youth Health Survey (YHS): The YHS (formally the Youth Tobacco Survey or YTS) is a self-administered survey of all students in randomly selected classes in randomly selected schools statewide. Data for years 2000 and 2002 include only middle school students. Data for year 2004 includes both middle and high school students. Data are collected during March and April in schools.

Vital Statistics (Mortality Data): Vermont vital records system includes the following vital events: births, deaths, fetal deaths, abortions, marriages, divorces, civil unions and reciprocal beneficiaries relationships. Although a physician is responsible for filing the death certificate, the job may be, and often is, delegated to the funeral director. Health Department staff code and enter all vital records received into a computerized database, and send a data file containing some of the information from the records to the [National Center for Health Statistics](#) to become part of a national database.

Hospital Discharge Data (HDD): Vermont's acute care hospitals participate in the state's hospital data system by supplying discharge abstracts of comparable information to Health Care Investment Analysts, a subsidiary of AMBAC, under contract with the Vermont Association of Hospitals and Health Systems (VAHHS). VAHHS, using its EXPLOR data system, then provides data to the Department of Health, the hospital discharge data management designee of the Division of Health Care Administration. Records from Massachusetts, New Hampshire and New York hospitals are obtained from the Massachusetts Health Data Consortium, the New Hampshire Division of Public Health and the New York Department of Health respectively. The Veterans Administration provides discharge records from the VA hospital in White River Junction. National data for comparison purposes is available through the Healthcare Cost and Utilization Project (HCUP) maintained by the Agency for Healthcare Research and

quality (AHRQ). HCUP is a Federal-State-industry partnership to build a standardized, multistate health data system and companion set of complementary resources. HCUP databases are a family of longitudinal, administrative databases—including State-specific hospital-discharge databases and a national sample of discharges from community hospitals.

School Nurse Survey: The Vermont Department of Education sends a Health Services Screening Report to all school nurses every year. The Vermont Asthma Program has been able to include two questions at the end of the form on asthma prevalence and use of written management plans through an agreement with the Department of Education beginning in 2003-2004.

VCHIP Provider School Nurse Coordination Survey: In the Spring of 2004, VCHIP in collaboration with the Vermont Department of Health and the Department of Education began the School Asthma Project. The goal of this project is to improve coordination of care in two Vermont communities for school-aged children who have asthma. Before initiating the coordination project, VCHIP collected a baseline measure of use of asthma management plans. The most recent needs assessment was undertaken in February 2006 and included 17 schools. A follow-up assessment is planned for Fall 2006.

Asthma Prevalence in the PC Plus Program Using a Hybrid Classification System, 2003-2004 (Medicaid Data): The Vermont Program for Quality in Health Care produced this report examining the distribution of asthma related health-seeking behaviors in the PC Plus Program. The PC Plus Program is the primary care case management program for the Vermont Medicaid Program, enrolling approximately two thirds of all Medicaid beneficiaries annually.